Attach a clear, full-face passportstyle photograph (2"x 2") of your head and shoulders, taken within the past six months.

A photo is required with each application.

Do not use staples to attach the photo.



#### New Jersey Office of the Attorney General

Division of Consumer Affairs
State Board of Marriage and Family Therapy Examiners
Professional Counselor Examiners Committee
124 Halsey Street, 6th Floor, P.O. Box 45044
Newark, New Jersey 07101
(973) 504-6582

Ch	eck all that apply:
	Professional Counselor
	Rehabilitation Counselor
	Associate Counselor

# Application for Licensure Professional Counselor/Rehabilitation Counselor/Associate Counselor

A nonrefundable application filing fee of \$75, in the form of a check or money order made out to the State of New Jersey, must be submitted with this application. (Applicants should understand that if the application filing fee is paid with a personal check, and the check is returned by the bank due to insufficient funds, the next step in the licensure or certification process will be delayed until the fee is paid.)

The Committee maintains, as part of its responsibilities, a record of your home address, business address and mailing address. You may choose which of these addresses will be considered as your "address of record." If you do not indicate (by putting a check in the appropriate box) which address should be used as your address of record, your mailing address will be considered to be your address of record. A post office box may be used as your address of record, but only if you provide another address which includes a street, city, state and ZIP code.

Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).

Please print clearly. You must answer all of the questions on this application.

#### **Personal Information**

1.	Nar	□ M	r. rs			(		_
		$\square$ M	S. Last name	First name	Middle initial		Maiden name	
2.	Ado	dress						
		Home:						
		_	Street or P.O. Box  Telephone number	City rr (include area code)	State	ZIP code	County -mail address	
		Business:						
			Name of o			Telephone nu	umber (include area code)	
			Street	City	State	ZIP code	County	
		Mailing:						
		_	Street or P.O. Box	City	State	ZIP code	County	

## I hereby apply for the following type of license: (Please check the appropriate boxes.) ☐ Licensed Professional Counselor (L.P.C.) Educational Requirements: Completion of a minimum of 60 graduate semester hours in a planned educational program, which includes a master's degree or doctorate in counseling or a related area from a regionally accredited institution of higher education, of which 45 graduate semester hours are distributed in at least eight of the identified areas set forth in N.J.A.C. 13:34-11.3. Supervised Experience (Check One): ☐ Option B ☐ Option A 4.500 hours 3,000 hours + 30 graduate semester hours beyond the master's degree in areas clearly related to counseling. Examination required: Examination required: National Counselor Examination (N.C.E.) National Counselor Examination (N.C.E.) ☐ I will be applying for a **specialty designation(s)**. (If you put a check in this box, a separate Application for Specialty Designation will be mailed to you after it has been determined whether you are eligible to become a licensed professional counselor or a licensed rehabilitation counselor.) Please indicate the specialty designation(s) for which you will be applying by placing a check in the appropriate box(es). ☐ Clinical Mental Health ☐ School Counselor ☐ Addictions ☐ Gerontology ☐ Career ☐ Licensed Rehabilitation Counselor (L.R.C.) Educational Requirements: Completion of a master's degree in rehabilitation counseling from a regionally accredited institution of higher education, which includes course work in the identified areas set forth at N.J.A.C. 13:34-21.2(a). Supervised Experience (Check One): ☐ Option B ☐ Option A 4.500 hours 3,000 hours + 30 graduate semester hours beyond themaster's degree in areas clearly related to rehabilitation counseling as set forth in N.J.A.C. 13:34-21.2(a)1 through (a)10. Examination required: Examination required: Certified Rehabilitation Counselor Examination (C.R.C.E.) Certified Rehabilitation Counselor Examination (C.R.C.E.) ☐ Licensed Associate Counselor (L.A.C.) Educational Requirements: Completion of a minimum of 60 graduate semester hours in a planned educational program, which includes a master's degree or doctorate in counseling or a related area from a regionally accredited institution of higher education, of which 45 graduate semester hours are distributed in at least eight of the identified areas set forth in N.J.A.C. 13:34-11.3. Supervised Experience: Not required for licensure as a licensed associate counselor.

**Application Categories** 

Examination required:

National Counselor Examination (N.C.E.)

3.	*Social Security Number:				
	You <u>must</u> disclose your Social Security number for the reasons stated below. Failure to do so may result in certification or license or certificate renewal.	n a de	enial of	licens	ure oi
	*Pursuant to N.J.S.A. 2A:17-56.44e of the New Jersey child support enforcement law, N.J.S.A. 54:50-25 of law and Section 1128 E(b)(2)A of the Social Security Act, the Committee or licensing agency to which required to obtain your Social Security number. If you do not have a Social Security number, the Committee on that you do not have one. The Committee is further obligated to provide your Social Security number. Taxation, the Probation Division or other agency responsible for child support enforcement and the H.I.P. Diadverse actions.	this for nittee umber	orm is must a r to the	submit ascerta Direc	tted is in the tor of
	You are also being asked to consent, on a voluntary basis, to the use of your Social Security number for the below.	addit	ional re	asons	stated
	You are notified that under the Federal Privacy Act (5 <u>U.S.C.</u> Section 552a (note (b)), the Committee or lithis form is submitted is requesting the voluntary disclosure of your Social Security number. If you give your Social Security number, it may be used: to verify the identity of an applicant, to aid in the collection of and owing the Committee or any other state agency, and to aid in the disclosure to state or federal law en officials and agencies of information obtained in investigations pertaining to licensure or certification and officials are notified that under the Federal Privacy Act (5 <u>U.S.C.</u> Section 552a (note (b)), the Committee or licensing to licensure or licensimized to licensure or licensimized to licensure or licensimized to licensure or certification and officials and agencies of information obtained in investigations pertaining to licensure or certification and other licensimizations.	our co finan iforce	onsent facial ob ement a	for the ligation and lice	use of ns due ensing
	I,, Consent Do	) Not	Conse	nt	
	Applicant's signature				
	to the use of my Social Security number for any of the additional purposes set forth above. I understand that and that if I do not consent, no adverse action or inference will be taken or drawn.	my c	consent	is volu	untary
4.	Citizenship / Immigration Status				
	Federal law limits the issuance or renewal of professional or occupational licenses or certificates to U.S. cit To comply with this federal law, check the appropriate box below which indicates your citizenship/immigrat a U.S. citizen, attach a copy of your alien registration card (front and back) or other documentation issue Citizenship and Immigration Services (USCIS).	tion st	tatus. I	f you a	re not
	☐ U.S. citizen				
	☐ Alien lawfully admitted for permanent residence in U.S.				
	☐ Other immigration status				
	Questions about your immigration status and whether or not it is a qualifying status under federal law s USCIS at: 1-800-375-5283.	hould	d be di	rected	to the
5.	Student Loan				
	Are you in default in regard to any student loan obligation(s)?		Yes		No
	If "Yes," you must obtain documentary evidence that you have reached an arrangement with the bank or wyour student loan, for the eventual payment of the loan. You will not be able to obtain a license or certificate required documents concerning the plan for payment of your student loan.				
6.	Child Support				
	Please certify, under penalty of perjury, the following:				
	a. Do you currently have a child-support obligation?		Yes		No
	(1) If "Yes," are you in arrears in payment of said obligation?		Yes		No
	(2) If "Yes," does the arrearage match or exceed the total amount payable for the past six months?		Yes		No
	b. Have you failed to provide any court-ordered health insurance coverage during the past six months?		Yes		No
	c. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding?		Yes		No
	d. Are you the subject of a child-support-related arrest warrant?		Yes		No
	In accordance with <u>N.J.S.A</u> . 2A:17-56.44d, an answer of "Yes" to any of the questions a(1) through delicensure or certification. Furthermore, any false certification of the above may subject you to a penalty, inclimmediate revocation or suspension of licensure or certification.				

#### 7. Medical Conditions Questions

Questions a through f pertain to medical conditions and use of chemical substances. Please read the definitions carefully. Your responses will be treated confidentially and retained separately. Please be aware that you have the right to elect not to answer those portions of the following questions which inquire as to the illegal use of controlled dangerous substances or activity if you have reasonable cause to believe that answering may expose you to the possibility of criminal prosecution. In that event, you may assert the Fifth Amendment privilege against self-incrimination. Any claim of Fifth Amendment privilege must be made in good faith. If you choose to assert the Fifth Amendment, you must do so in writing. You must fully respond to all other questions on the application. Your application for licensure or certification will be processed if you claim the Fifth Amendment privilege against self-incrimination. You should be aware, however, that you may later be directed by the Attorney General to answer a question that you have refused to answer on the basis of the Fifth Amendment, provided that the Attorney General first grants you immunity afforded by statutory law. (N.J.S.A. 45:1-20.)

For the purposes of these questions, the following phrases or words have the following meanings:

"Ability to practice as a professional, rehabilitation or associate counselor" is to be construed to include all of the following:

- a. The cognitive capacity to exercise reasonable counseling judgments and to learn and keep abreast of professional developments;
   and
- b. The ability to communicate those judgments and professional information to clients and other interested parties, with or without the use of aids or devices, such as voice amplifiers; and
- c. The physical capability to perform the duties of a professional, rehabilitation or associate counselor with or without the use of aids or devices, such as corrective lenses or hearing aids.

"Medical Condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, H.I.V. disease, tuberculosis, drug addiction and alcoholism.

"Chemical substance" is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

"Currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, or within the previous two years.

"Illegal use of controlled dangerous substance" means the use of a controlled dangerous substance obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

ıanı	in accordance with the directions of a needsed health care practitioner.							
a.	Do you have a medical condition which in any way impairs or limits your abil skill and safety?	lity to	practi Yes	•	our profe No	ssion	with reasona	ıble
b.	Are the limitations or impairments caused by your medical condition reduce treatment (with or without medications) or participate in a monitoring program		melio	rated	because	you	receive ongo	ing
			Yes		No		Not applicab	ole
c.	Are the limitations or impairments caused by your medical condition reduced or setting or manner in which you have chosen to practice?		iorate Yes				d of practice, Not applicab	
d.	Does your use of chemical substance(s) in any way impair or limit your ability and safety?	•	ctice y Yes	•			n reasonable s Not applicab	
e.	Have you ever been diagnosed as having or have you ever been treated for ped	lophili	ia, exh Yes			voyeı	ırism?	
f.	Are you currently engaged in the illegal use of controlled dangerous substance the last two years.")	es? (R		hat "c	•	" is de	efined as "wit	hin
	If you answered "Yes" to question f, are you currently participating in a sup- assistance program which monitors you in order to assure that you are not eng substances?					_		
**	If you receive such ongoing treatment or participate in such a monitoring prograssessment of the nature, the severity and the duration of the risks associate determine whether an unrestricted license or certificate should be issued, whether	ed wit	h an c	ongoi	ng medi	cal co	ondition so as	s to

are not eligible for licensure or certification.

Applicant's signature Date

8.	Have you taken the National Co	unselor Examination?			Yes		No		
	If "Yes," did you pass the exam	ination?			Yes		No		
	A copy of your exam scores is rethe Committee.	equired. Please have the Na	tional Board of C	Certified	Counse	lors fo	orward aı	n official cop	y directly to
9.	Have you taken the Certified Re	habilitation Counselor Exa	mination?		Yes		No		
	If "Yes," did you pass the exam	ination?			Yes		No		
A copy of your exam scores is required. Please have the Commission on Rehabilitation Counselor Certification forward copy directly to the Committee.					d an official				
10.	). Have you ever been summoned; arrested; taken into custody; indicted; tried; charged with; admitted into pre-trial intervention (P.T.I.); or pled guilty to any violation of law, ordinance, felony, misdemeanor or disorderly persons offense, in New Jersey, any other state, the District of Columbia or in any other jurisdiction? (Parking or speeding violations need not be disclosed, but motor vehicle violations such as driving while impaired or intoxicated must be.)								
11.	Have you ever been convicted of non vult, nolo contendere, no co	•	•		s includ	les, bu	t is not li	mited to, a pl	lea of guilty,
	If "Yes," provide a copy of the explanation. (Attach additional s			rom pa	role or	proba	tion. Ple	ase provide	a complete
12.	Do you currently hold, or have District of Columbia or in any o	ther jurisdiction?						☐ Yes	□ No
	If "Yes," for each license or certial a different name, please provide	=	e(s) held and the i	number(	s). If th	e lice	nse or ce	rtificate was i	issued under
	a different name, please provide		t name		First name	;		Middle initial	
	Type of license or certificate	Number	State or jurisdiction	n that issued t	he license or	certificate		Date issued/	expired
	Type of license or certificate	Number	State or jurisdiction	n that issued t	he license or	certificate		Date issued/	expired
	Type of license or certificate	Number	State or jurisdiction	n that issued t	he license or	certificate		Date issued/	'expired
	Type of license or certificate	Number	State or jurisdiction	n that issued t	he license or	certificate		Date issued/	/expired
13.	Have you ever been disciplined of Columbia or in any other juri	•	ense or certificate	of any	kind in	New J	ersey, an	other state.  \[ \sum \text{Yes} \]	, the District
14.	Have you ever had a professiona the District of Columbia or in ar	· · · · · · · · · · · · · · · · · · ·	y type suspended	, revoke	d or sur	rende	ed in Ne	w Jersey, any	y other state,
15.	Has any action (including the ass or certification board in New Jerse	-			-	_		al practice by	
16.	6. Have you ever been named as a defendant in any litigation related to the practice of counseling or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction?								
17.	Are you aware of any investigati Jersey, any other state, the Distr				te issue	d to yo	ou by a p	rofessional b	oard in New
18.	Are there any criminal charges jurisdiction?	now pending against you in	n New Jersey, an	y other	state, th	ne Dis	trict of C	Columbia or	in any other  No
19.	Have you ever been sanctioned related to the practice of counsel other jurisdiction?			•			•	-	bia or in any
	If the answer to any of the above questions, numbers 13 through 19, is "Yes," provide a complete explanation of the circumstances								

leading to the action, and any supporting documentation, on separate sheets of paper.

# Education

	Check one:	☐ Enclosed	1 [	Requested, to be sent separately	
	No action wil	l be taken on your	applicati	on until all transcripts have been received.	
Month	Year	Month	Year	Name and address of college or university	Degree, Diploma or Certificate (if any)
		to			

1. List the regionally accredited graduate school(s) you have attended, beginning with the most recent.

# Experience

(To be completed by applicants for licensed professional counselor and licensed rehabilitation counselor only; see attached supervision form.)

Employer's name				Stre	et address
	City	State		ZIP code	Telephone number (include area code)
	Name of supervisor(s)			Title(s)	License designation
Total	hours of supervised experience		Total hours of	individual supervision	Total hours of group supervision
rom	Month Year	to	Month	Year	
escription	n of job functions and responsib	ailities:			
escription	i of job functions and responsib	mues.			
	Employer's name			Stre	et address
	Employer's name	State		Stre ZIP code	et address  Telephone number (include area code)
		State			
Total	City	State	Total hours of	ZIP code	Telephone number (include area code)
Total l	City  Name of supervisor(s)	State	Total hours of	ZIP code Title(s)	Telephone number (include area code)  License designation
	City  Name of supervisor(s)		Total hours of  Month	ZIP code Title(s)	Telephone number (include area code)  License designation
rom	City  Name of supervisor(s)  hours of supervised experience	to		ZIP code  Title(s)  individual supervision	Telephone number (include area code)  License designation
From	City  Name of supervisor(s)  hours of supervised experience  Month Year	to		ZIP code  Title(s)  individual supervision	Telephone number (include area code)  License designation

	Employer's name			Sile	et address
	City	St	tate	ZIP code	Telephone number (include area code)
	Name of supervisor(s)			Title(s)	License designation
Total hours of supervised	experience		Total hours of	ndividual supervision	Total hours of group supervision
OMMonth	Year	to	Month	Year	
cription of job fund	etions and respo	onsibilities:			
	Employer	's name		Stre	et address
	Employer <sup>*</sup> City		itate	Stre ZIP code	et address  Telephone number (include area code)
			itate		
	City  Name of supervisor(s)			ZIP code	Telephone number (include area code)
Total hours of supervised	City  Name of supervisor(s)			ZIP code Title(s)	Telephone number (include area code)  License designation
Total hours of supervised	Name of supervisor(s)  experience  Year	s to	Total hours of	ZIP code  Title(s)  individual supervision	Telephone number (include area code)  License designation
Total hours of supervised	Name of supervisor(s)  experience  Year	s to	Total hours of	ZIP code  Title(s)  individual supervision	Telephone number (include area code)  License designation
Total hours of supervised	Name of supervisor(s)  experience  Year	s to	Total hours of	ZIP code  Title(s)  individual supervision	Telephone number (include area code)  License designation

## Professional Counselor/Associate Counselor Applicant Course Work Check Sheet

As set forth in N.J.A.C. 13:34-10 through 28, the 60 graduate semester hours in course work will include 45 graduate semester hours distributed in eight of the following areas. Please list which courses indicated on your transcript(s) satisfy the relevant areas. Do not list a course more than once.

Area	Course title	Hours (Indicate semester or quarter hours)	College/University
Counseling theory and practice.	a b c		
The helping relationship.	a b c		
Human growth and development, and maladaptive behavior.	a b c		
Lifestyle and career development.	a b c		
Group dynamics, processing, counseling and consulting.	a b c		
Appraisal of individuals.	a b c		
Social and cultural foundations.	a b c		
Research and evaluation.	a b c		
The counseling profession.	a b c		

Total hours \_\_\_\_\_

## Licensed Rehabilitation Counselor Applicant Course Work Check Sheet

As set forth in <u>N.J.A.C.</u> 13:34-10 through 28, the master's degree in rehabilitation counseling will include course work in the following areas. Please list which courses indicated on your transcript(s) satisfy the relevant areas. Do <u>not</u> list a course more than once.

Area	Course title	Hours (Indicate semester or quarter hours)	College/University
Introduction to	a		
rehabilitation	— b		
counseling.	c		
Counseling theories	a		
and techniques.	b		
	<u>c.</u>		
Personality	a		
theories.	b		
	<u>c.</u>		
Psychosocial aspects	a		
of disability.	b		
	<u>c.</u>		
Medical aspects	a		
of disability.	— b		
	c		
Evaluation and	a		
assessment.	├─ b		
	c		
Vocational aspects	a		
of disability.	b		
	c		
Rehabilitation case	a		
management.	b		
	c		
	· _		
Research methods.	a		
methods.	b c		
	I <u>C</u>	<del></del>	
Practicum or	a		
internship.	├─ b		
	<u>c.</u>		

Total hours \_\_\_\_\_

# **A**FFIDAVIT

This affidavit is to be executed by the	pplicant before a notary public:
State of:	
County of:	} ss.
Examiners Committee for licensure or cand the Rules of the Professional Counsinformation provided in connection with omissions, inaccuracies or failure to make	, in making this application to the Professional Counselor ertification under the provisions of Title 45 of the General Statutes of New Jersey Flor Examiners Committee, swear (or affirm) that I am the applicant and that all his application is true to the best of my knowledge and belief. I understand that any e full disclosures may be deemed sufficient to deny licensure or certification or to a license or certificate issued by the Committee.
	ead N.J.S.A. 45:8B-34 et seq., together with the Rules and Regulations of the ittee, N.J.A.C. 13:34-10.1 et seq., and fully understand that in receiving licensure d myself to be governed by them.
purpose of verifying my qualifications for	rough investigation of my present and past employment and other activities for the licensure or certification. I further authorize all institutions, employers, agencies imentalities (local, state, federal or foreign) to release any information, files or
Applicant's signature	
Sworn and subscribed to before me this	
day of,	Year
Name of Notary Public (please print)	
Signature of Notary Public	

**Affix Seal Here**